

Macluumaadka Dukumentiga Dakhliga ee Codsiga kaalmada

Waxbarashada:

Dukumeentiga dakhliga ayaa looga baahan yahay dhamaan dadka waaweyn ee guriga waxa kaloo looga baahan yahay cadaynta ku tiirsanaanta carruurta (dependents). Codsadayaasha waxaa la weydiin doonaa macluumaad dheeri ah haddii dhamaan xubnaha qoyska aysan ku jirin liiska dukumeentiyada la soo gudbiyay.

Habka la door bidayo:

- ❖ **Soo gudbi nuqul ka mid ah Soo celinta** Canshuurtada Dakhliga Federaalka foomka 1040 ee 2024 dhamaan xubnaha qoyska ee liiska ku jira. Looma baahna dukumeenti kale haddii ay ku jiraan dhamaan xubnaha qoyska iyo ilaha dakhliga. Markaad gudbinayso dukumeentiga, fadlan ka tirtir dhamaan lambarada social secuuritiga iyo nambarada marinka bangiga (routing Numbers).

Haddii aanad xarayn cashuurta dukumeenti kale ayaa la aqbali karaa:

- ❖ **Barnaamijyada Caawinta Dadweynaha:** Ku soo dar dukumeenti ay ku qoran yihin dhamaan dadka guriga/ xubnaha qoyska ama ku soo dar shahaadada dhalashada ee dhamaan dadka kugu tiirsan. Haddii faa'iidadu aysan ahayn isha kaliya ee dakhliga, waa inaad sidoo kale keentaa dukumeentiyada ilaha dakhliga. Ma aqbali karno sawir-qaadista xisaabaadka onlaynka ah. Warqadda dheeftu waa in ay taxdaa magacaaga, qaddarka dheefta, iyo taariikhda ugu danbaysay (ma aqbali karno warqada faa'iidata ee dhacday).
 - **Gargaarka Ku Meel Gaarka Ah ee Qoysaska Dhibaateysan (TANF)**
 - **Dakhliga Lambarka Bulshada ee Naafanimo (SSI)**
 - **Maamulka Naafanimo ee Korriinka (DDA)**
 - **Warqadda dheefaha SNAP.**
- ❖ **Bayanka Shaqo La'aanta:** Haddii aad qaadato lacagta shaqo la'aanta waxaad soo diri kartaa warqadda faa'iidata ee toddobaadlaha ah ee lacag-bixinta iyo marka faa'iidata ay dhacayso. Haddii wakhti kasta shaqadaadu is bedesho waxaa lagaa rabaa inaad ogeysiiso xafiiska deeqda waxbarashada ee isbedelka dakhligaaga.
- ❖ **Soo gudbi hal (1) bil jeegii mushaharka ee ugu danbeeyey (2 bilood haddii aad shaqaysa wakhti dhiman):** dhammaan xubnaha qoyska/qoyska ee liiska ku jira- 18 jir iyo wixii ka weyn. Shahaadada dhalashada ee dhamaan dadka kugu tiirsan ee liiska ku jira waa in lagu soo daraa codsiga. Haddii aad leedahay ilo dakhli oo kale oo ka baxsan Mashaarkaaga, waa inaad sidoo kale keentaa dukumeentigaas. Dakhliga guud ee bil walba waxa loo isticmaalaa xisaabinta u-qalmitaanka, ka hor cashuuraha/ ka jarida.
- ❖ **Dukumentiga Dheefaha Bulshada:** (SSI ama SSA-1099). Haddii Social Security uusan ahayn isha kaliya ee dakhligaaga (sida haddii aad qaadato hawlgabka (Pension), dakhli-ururinta, dakhliga ganacsiga, iwm.), waa in sidoo kale la soo gudbiyaa foomka Canshuur celinta Dawladda Dhexe ee 1040.
- ❖ **Xaqijinta Ardayga waqtiga buuxa:** Ardayda qaan-gaarka ah ee helaya kaalmada dhaqaale waxay u qalmi karaan deeq waxbarasho. Ardaydu waa inay soo gudbiyaan jadwalkooda fasalka, warqadda abaal-marinta kaalmada dhaqaale, iyo dukumeentiyada ilaha dakhliga ee kale si ay u muujiyaan heerka dakhliga ardayga

qaangaarka ah ee ku qoran codsiga. Tan waxa ku jira maalgelinta kafaala-qaadayaasha iyo dhammaan maalgelinta laga helo jaamacadda. Haddi ardayga loo sheegto ku tiirsane (ama uu dhaqaale ahaan ku tiirsan yahay cid kale ka yar 25 sano sida caadiga ah), waalidka(iinta)/masuulka(iinta) waa in ay keenan cashuurta dakhliga 1040 iyo tirada qoyska oo uu ku jiro ardaygu si lo tixgeliyo.

- ❖ **Ka soo booqanaya waddan kale:** Haddii aad tahay borofisar/arday booqasho ku yimid waxaan u baahanahay koobiyada waraaqahaaga fiisaha, iyo waraaqaha/heshiiska adiga, jaamacadda, dawladda Maraykanka, iyo dalkaaga hooyo iyo 2024 1040 haddii aad fayl garaysato. Waa inaad cadaysaa DHAMMAAN ilaha dakhliga oo ay ku jiraan dalkaaga hooyo iyo kafiiliyayaasha. Dhammaan kuwa ku tiirsan waa inay sidoo kale keenaan waraaqaha fiisaha.
 - ❖ **La'aanta dokumentiga Dakhliga:** Haddii dadka waaweyn ee liiska ku jira aysan lahayn ilo dakhli, waxaan u baahanahay dukumeenti dakhli eber ah. Fadlan la xidhiidh xafiiska deeqda waxbarashada si ay kaaga caawiyaan arinkaan.
 - ❖ **Shaqaalaha lacagta cadaanka ah la siiyo:** Haddii aad tahay shaqaale lacag cadaan ah qaata oo aadan haysan diiwaangelinta ilaha dakhligaaga, fadlan la xiriir xafiiska deeqda waxbarashada.
 - ❖ **Ilmaha ku jira xannaanada Gobolka:** Carruruuta ku jira Foster waxay codsan karaan deeq waxbarasho sidii qoys ka kooban hal qof. Fadlan keen warqadaha daryeelka Foster oo taxaya waalidka korinaya iyo ilmaha la korinayo labadaba.
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- ❖ **Ma aqbalno qoraalada W-2s, 1040, ee sannadihii hore canshuur celinta 1040, Bayaanada bangiga, sawirada shaashadda ee akoonnada onlaynka ah, kaadhadhka Apple Health, ama kaadhadhka waxtarka kale.**

Wixii su'aalo ah, fadlan la xiriir scholarship.parks@seattle.gov

Examples of Documents:

2024 1040 Tax document page 1 & 2

1040 Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return 2024 OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2024, or other tax year beginning 2024, ending 20 See separate instructions.

Your first name and middle initial Last name Your social security number
Jane Blue

In joint return, spouse's first name and middle initial Last name Spouse's social security number
George Blue

Home address (number and street), if you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign
222 2nd Ave St Check here if you, or your spouse, are filing jointly. Want \$3 to go to this box? Checking a box below will not change your tax or refund.
Seattle You Spouse
 Foreign country name Foreign province/state/country Foreign postal code 08125

Filing Status Single Head of household (HOH)
 Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS)
 Married filing separately (MFS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.
 If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required).

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You Were born before January 2, 1960 Are blind Was born before January 2, 1960 Is blind

Dependents (See instructions): First name Last name Social security number Relationship to you Child tax credit Credit for other dependents
 If more than four dependents, see instructions and check here
Apple Blue
Margo Blue
Tom Blue

Income Total amount from Form(s) W-2, box 1 (see instructions) 1a 60,000
 Attach Form(s) W-2 here. Also attach Forms W-3, W-4, W-5, W-6, W-7, W-8, W-9, W-10, W-11 if tax was withheld.
 If you did not get Form W-2, see instructions
 If required
 Attach Sch. B
 If required
 Standard deduction for -
 • Single Household filing \$14,600
 • Married filing jointly Qualifying surviving spouse \$21,900
 • Head of household \$21,900
 • If married and filing jointly under standard deduction, see instructions
 If required
 Add lines 1a through 1h 1i
 Tax-exempt interest 2a Taxable interest 2b
 Capital gains dividends 3a Ordinary dividends 3b
 SBA dividends 4a Qualified dividends 4b
 Retirement and annuities 5a Retirement amount 5b
 Social security benefits 6a Taxable amount 6b
 If you elect to use the lump-sum election method, check here (see instructions)
 Capital gain or (loss). Attach Schedule D if required. If not required, check here
 Additional income from Schedule 1, line 10
 Adjustments to income from Schedule 1, line 26
 Subtract line 10 from line 9. This is your adjusted gross income 11 60,000
 Standard deduction or itemized deductions (from Schedule A) 12
 Qualified business income deduction from Form 8995 or Form 8995-A 13
 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 14
 Add lines 12 and 13 15
 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 16

For Disclosures, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2024)

Form 1040 (2024) Page 2

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> <input type="text"/> 16
	17 Amount from Schedule 2, line 3 <input type="checkbox"/> 17
	18 Add lines 16 and 17 <input type="checkbox"/> 18
	19 Child tax credit or credit for other dependents from Schedule 8812 <input type="checkbox"/> 19
	20 Amount from Schedule 3, line 8 <input type="checkbox"/> 20
	21 Add lines 19 and 20 <input type="checkbox"/> 21
	22 Subtract line 21 from line 18. If zero or less, enter -0- <input type="checkbox"/> 22
	23 Other taxes, including self-employment tax, from Schedule 2, line 21 <input type="checkbox"/> 23
	24 Add lines 22 and 23. This is your total tax <input type="checkbox"/> 24
Payments	25 Federal income tax withheld from: a Form(s) W-2 <input type="checkbox"/> 25a b Form(s) 1099 <input type="checkbox"/> 25b c Other forms (see instructions) <input type="checkbox"/> 25c d Add lines 25a through 25c <input type="checkbox"/> 25d 26 2024 estimated tax payments and amount applied from 2023 return <input type="checkbox"/> 26
	27 Earned income credit (EIC) <input type="checkbox"/> 27
	28 Additional child tax credit from Schedule 8812 <input type="checkbox"/> 28
	29 American opportunity credit from Form 8863, line 8 <input type="checkbox"/> 29
	30 Reserved for future use <input type="checkbox"/> 30
	31 Amount from Schedule 3, line 15 <input type="checkbox"/> 31
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits <input type="checkbox"/> 32
	33 Add lines 25, 26, and 32. These are your total payments <input type="checkbox"/> 33
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid <input type="checkbox"/> 34 Direct deposit attach Sch. EIC See instructions a Routing number <input type="text"/> <input type="checkbox"/> b Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account number <input type="text"/> <input type="checkbox"/> 35 36 Amount of line 34 you want applied to your 2025 estimated tax <input type="checkbox"/> 36
Amount You Own	37 Subtract line 33 from line 24. This is the amount you own . For details on how to pay, go to www.irs.gov/payments or see instructions <input type="checkbox"/> 37 38 Estimated tax penalty (see instructions) <input type="checkbox"/> 38
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions Designer's name <input type="text"/> Phone no. <input type="text"/> Personal identification number (PIN) <input type="checkbox"/> Yes, Complete below <input type="checkbox"/> No
Sign Here	Your signature <input type="text"/> Date <input type="text"/> Your occupation <input type="text"/> If the IRS sent you an Identity Protection PIN, enter it here (see Inst.) <input type="checkbox"/> Joint return? <input type="checkbox"/> Spouse's signature. If a joint return, both must sign. Date <input type="text"/> Spouse's occupation <input type="text"/> If the IRS sent your spouse an Identity Protection PIN, enter it here (see Inst.) <input type="checkbox"/> See instructions Keep a copy for your records Your name <input type="text"/> Email address <input type="text"/> Preparer's name <input type="text"/> Preparer's signature <input type="text"/> Date <input type="text"/> PTIN <input type="checkbox"/> Check it: <input type="checkbox"/> Self-employed Preparer Use Only Firm's name <input type="text"/> Firm's address <input type="text"/> Phone no. <input type="text"/> FIRM'S EN Go to www.irs.gov/Form1040 for instructions and the latest information. Form 1040 (2024)

Block out social security numbers and bank routing numbers

TANF benefit letter

OLYMPIA
PO BOX 11699
TACOMA WA 98411-6699



Washington State
Department of Social
& Health Services

Phone #

TTV/TDD #

Toll Free # 877-501-2233

05/04/15

Client ID # 123456789

BONNIE M CLIENT
826 TIPSOO LOOP S
RAINIER WA 98576-9745

Dear BONNIE M CLIENT

You will receive the following benefits:

	Begin Date	End Date	
Cash – Aged, Blind, Disabled Assistance (ABD)	05/04/15	04/30/16	
Basic Food Assistance (federal)	05/04/15	04/30/16	
	First Issuance	Second Issuance	Future Issuances
Cash – Aged, Blind, Disabled Assistance (ABD)	\$177.00	\$197.00	\$197.00
Basic Food Assistance (federal)	\$174.00	\$194.00	\$194.00

Your cash benefit will be available on day 1 of each month.

You must:

- Apply for Supplemental Security Income (SSI) if you meet SSI citizenship requirements.
- Cooperate with chemical dependency treatment if you are assessed as dependent on drugs or alcohol.

Your food benefit will be available on day 7 of each month.

We will add your benefits to an Electronic Benefits Transfer (EBT) account.

DSHS Has Two Food Programs

DSHS has a federal food program called Basic Food. To receive federal Basic Food benefits, you must meet all federal rules, which require U.S. citizenship or certain alien status. 7 CFR 273.4

This letter includes begin date, end date, adult's name, benefit amount)

This benefit letter does not list the dependent children in the household. Birth certificates or other proof of dependency are therefore required.

